



November 16, 2010

Testimony to Illinois Health Reform Implementation Council  
Presented by Janine Lewis, Executive Director  
Illinois Maternal and Child Health Coalition

Good evening. My name is Janine Lewis, and I'm the Executive Director of the Illinois Maternal and Child Health Coalition. We're a nonprofit organization that focuses on the promotion and improvement of health outcomes for women, children, and their families through advocacy, education, community empowerment, and partnership-building efforts throughout the state. For over two decades, IMCHC has been fighting for affordable, high-quality health care for women, children and their families, and would like to present testimony on behalf of our important constituencies.

Thank you to Chairman Gelder, Director McRaith, and the rest of the Council members for the opportunity to address you this afternoon about our recommendations for statewide implementation of health care reforms contained in the federal Affordable Care Act (ACA). In particular, I'd like to highlight some issues pertaining to Medicaid report and its potential impact on the maternal and child health of Illinois residents.

We understand that the ACA will increase the number of Illinois residents eligible for Medicaid. We have been a strong proponent for the expansion of our Children's Health Insurance Program. As a result of our work, as well as the work of our partner organizations and members, governors and legislative leaders responded with the establishment of KidCare, then the All Kids program, for children and the FamilyCare and Moms & Babies program for parents and pregnant women. As a result, IL has become a leader in keeping our rate of uninsured individuals low, particularly when it comes to children; Illinois currently has the lowest rate of uninsured children in the entire nation – less than 5%, mainly due to All Kids. We would seek to have the Medicaid expansion continue to encourage enrollees to utilize and be part of a medical home model, but not be a model that restricts access, but rather encourages smarter utilization and coordination of services.

Additionally, we would like to see improvement in outreach and education about the Medicaid expansion, so that all eligible populations will utilize the expanded access, especially hard to reach groups like childless adults. We would also seek the continuation of reproductive and family planning health services offered through programs like Moms and Babies in Illinois.

Additionally, as many of the newly eligible populations for Medicaid expansion will

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be hard to reach, let's apply the lessons learned from the All Kids outreach strategies, such as utilizing application agents based in trusted and respected community based agencies that are culturally and linguistically congruent with the residents in their target areas.

Another strategy is to "rebrand Medicaid", similar to the way that KidCare was rebranded All Kids in 2005. If done in a smart and strategic way, Medicaid can be rebranded to shake off a long-time stigma that it is a welfare program and not real health insurance. This is critical to making the program attractive to a population that has previously been ineligible for this type of comprehensive coverage.

In terms of strategies to support the continuity of care among low-income individuals and families, we would encourage HFS and Department of Insurance to work together on the Exchange – it's imperative for the two agencies regular meetings since there will be overlap between the state health insurance offerings, affordability credits and private insurance.

Other strategies include:

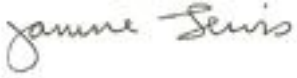
- Since the ACA requires states to use a simplified form/online portal that offers accessible customer service that's culturally and linguistically appropriate, make sure that you pilot test this with a variety of organizations that work with low-literate and diverse populations.
- Upgrade internal systems, which would make it easier and faster for people to move between systems
- Establishing a system of community navigators similar to the All Kids Application Agents model that exists
- Improved access to the Exchange by offering some sort of technological support for individuals who do not have access to a computer or the internet.
- Consider methods to "auto-enroll" adults who have incomes below 133% FPL. Use information that is already being collected by other state-administered programs such as food stamps, LIHEAP, TANF, spenddown to save money and resources.

Lastly, the Coalition would like to share the following ideas regarding the integration of medical services into Medicaid:

- Ensure that consumers/enrollees understand the value of this model and the rewards/consequences of being part of this model of care
  - Assure people that this is different than an HMO, since that is a model of care that has not typically been well-received by consumer advocacy groups and/or customers.
  - Provide incentives to providers who help coordinate care – provide incentives to non-physicians to encourage other providers to be involved with this model, such as community health educators, nurses, oral health professionals, case managers, and other social and community-based providers.
    - Support the Pediatric Accountable Care organizations within the state in order to ensure a commitment to innovation in delivering quality care
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Thank you in advance for your support and the opportunity to present today. We hope that you will see the Coalition as a resource. I will submit these remarks in written format as well.

Sincerely,

A handwritten signature in cursive script that reads "Janine Lewis".

Janine Lewis  
Executive Director